

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street)

3601 Vincennes Road

PO Box 68700

☐ Check if different than previously reported. (ACC)

Indianapolis

IN

46268

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00170258

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
07 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Gregg A. Dykstra J.D.

Signature of Treasurer

Mr. Gregg A. Dykstra J.D.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
08 17 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		98749.50
(b) Cash on Hand at Beginning of Reporting Period.....	17214.92	
(c) Total Receipts (from Line 19) .....	36395.61	236624.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53610.53	335373.50
7. Total Disbursements (from Line 31) .....	8367.92	290130.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45242.61	45242.61
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2012

To:

M M / D D / Y Y Y Y Y  
07 31 2012
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

20171.84

148543.59

(ii) Unitemized .....

8366.79

68740.78

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

28538.63

217284.37

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

7750.00

18250.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

36288.63

235534.37

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

97.72

1012.96

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

9.26

76.67

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

36395.61

236624.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

36395.61

236624.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	167.92	1068.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	167.92	1068.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	275000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	200.00	2412.43
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	200.00	2412.43
29. Other Disbursements .....	2500.00	11650.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8367.92	290130.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8367.92	290130.89

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	36288.63	235534.37
34. Total Contribution Refunds (from Line 28(d)) .....	200.00	2412.43
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36088.63	233121.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	167.92	1068.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	97.72	1012.96
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	70.20	55.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 65

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Cathy M. Adcock**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	1	2

**Transaction ID : A94EBE8644B0B4544AD4**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. Todd E. Albert**

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Vice President of Information Systems

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

391.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	1	2

**Transaction ID : AD649EFBA63364CAB9FA**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Mr. Todd E. Albert**

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Vice President of Information Systems

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

421.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	2

**Transaction ID : AE3E249E1ABBC4466BAA**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas Alighieri**

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

Assistant Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 11 / 2012

**Transaction ID : A7E184931D5964B9EAFF**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas Alighieri**

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

Assistant Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 25 / 2012

**Transaction ID : AED7DF4D0F25449BB952**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mr. Neil Aldredge**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

07 / 13 / 2012

**Transaction ID : A3595BDFDCC0748B2ADC**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 65  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Neil Alldredge**

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 National Association of Mutual Insuran

Occupation  
 Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : AF5A878DDBDC342FDAA**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Diane Allen**

Mailing Address 6101 Anacapi Blvd

City State Zip Code  
 Lansing MI 48917-3994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Auto-Owners Insurance Company

Occupation  
 Vice President-Personnel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 05 / 2012

**Transaction ID : AA28E67F704B04D9797C**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Lisa M Ayotte**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Auto-Owners Insurance Company

Occupation  
 AVP- Real Estate & Operational Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 05 / 2012

**Transaction ID : A6A651F902841492FAA7**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 65

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael D. Baker**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 05 / 2012

**Transaction ID : AFF0A99C2D25F48FAB50**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. Roger Ballard CPA**

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

Senior Vice President/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 16 / 2012

**Transaction ID : A218E46289CEC47FEAAF**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. John S. Benson**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

President, CEO & Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

07 / 06 / 2012

**Transaction ID : AE09773D892874B8BA68**

Amount of Each Receipt this Period

115.39

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

415.39

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 65

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John S. Benson**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

President, CEO & Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

07 / 20 / 2012

**Transaction ID : A2EC6EE8B9FD048D9B8D**

Amount of Each Receipt this Period

115.39

Full Name (Last, First, Middle Initial)

**B. Ms. Deborah Betten**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.60

Date of Receipt

07 / 06 / 2012

**Transaction ID : A61245763C72D48B88C9**

Amount of Each Receipt this Period

10.64

Full Name (Last, First, Middle Initial)

**C. Ms. Rena Bilodeau**

Mailing Address 1460 Wells St

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mutual of Enumclaw Insurance Company

Occupation

Vice President - Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

07 / 16 / 2012

**Transaction ID : A7E39A1AABD514E3385A**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

201.03

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 65  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Gail Boncek**

Mailing Address 222 Ames St

City State Zip Code  
Dedham MA 02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual Fire Insurance

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2012

**Transaction ID : A36DD9CE5EFA4400A9CB**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Gina Boone**

Mailing Address PO Box 618

City State Zip Code  
Columbia MO 65205-0618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbia Mutual Insurance Company

Occupation  
Vice President/Secretary & General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : A6D1C1C374734449AA8A**

Amount of Each Receipt this Period

512.00

Full Name (Last, First, Middle Initial)

**C. Ms. Gina Boone**

Mailing Address PO Box 618

City State Zip Code  
Columbia MO 65205-0618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbia Mutual Insurance Company

Occupation  
Vice President/Secretary & General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 19 / 2012

**Transaction ID : ABA3A70B85D544DD2820**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

802.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Gina Boone**

Mailing Address PO Box 618

City State Zip Code  
 Columbia MO 65205-0618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Columbia Mutual Insurance Company

Occupation  
 Vice President/Secretary & General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : AFAC09048BECB4EE6860**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Sherylyn Bradford**

Mailing Address PO Box 618

City State Zip Code  
 Columbia MO 65205-0618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Columbia Mutual Insurance Company

Occupation  
 Manager Application Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 16 / 2012

**Transaction ID : A74C2EA02B7574081985**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Heather Brown**

Mailing Address PO Box 111

City State Zip Code  
 Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ohio Mutual Insurance Company

Occupation  
 Bill Service Center Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 03 / 2012

**Transaction ID : AFE5351B7A23847958FD**

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

295.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 65

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Heather Brown**

Mailing Address PO Box 111

City	State	Zip Code
Bucyrus	OH	44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Mutual Insurance CompanyOccupation  
Bill Service Center Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	3		2	0	1	2		

**Transaction ID : A8D7843AE17C14EA4823**

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**B. Mr. Bob I. Buchanan**

Mailing Address 6101 Anacapi Blvd

City	State	Zip Code
Lansing	MI	48917-3994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance CompanyOccupation  
Senior Vice President, Info. Systems &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	5		2	0	1	2		

**Transaction ID : A4110F21D63714A9BB47**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C. Mr. John A. Bykowski**

Mailing Address PO Box 819

City	State	Zip Code
Appleton	WI	54912-0819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SECURA Insurance, A Mutual CompanyOccupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	6		2	0	1	2		

**Transaction ID : A1F8DCAC119DB4000BFF**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

87.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 65  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Charles M. Chamness**

Mailing Address PO Box 68700

City  
Indianapolis

State Zip Code  
IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : AC62ABA0D0BFF4C4DAB**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**B. Mr. Charles M. Chamness**

Mailing Address PO Box 68700

City  
Indianapolis

State Zip Code  
IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : A9AB8ABBD9B4E406A9A1**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**C. Ms. Linda Church**

Mailing Address PO Box 708

City  
Houston

State Zip Code  
MN 55943-0708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mound Prairie Mutual Insurance Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 03 / 2012

**Transaction ID : A70E73A2ECB464EC78E1**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

430.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark Coe**

Mailing Address PO Box 111

City State Zip Code  
 Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ohio Mutual Insurance Company

Occupation  
 IT Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

07 / 03 / 2012

**Transaction ID : AEAE59CA6D141485CB33**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark Coe**

Mailing Address PO Box 111

City State Zip Code  
 Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ohio Mutual Insurance Company

Occupation  
 IT Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.00

Date of Receipt

07 / 23 / 2012

**Transaction ID : A13F8A34BA91944D8A21**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**c. Mr. Darwin G. Copeman CPCU**

Mailing Address PO Box 468

City State Zip Code  
 Neenah WI 54957-0468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Jewelers Mutual Insurance Company

Occupation  
 President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1151.00

Date of Receipt

07 / 03 / 2012

**Transaction ID : AC686206B3D344B12B19**

Amount of Each Receipt this Period

231.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

309.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Darwin G. Copeman CPCU**

Mailing Address PO Box 468

City

Neenah

State

WI

Zip Code

54957-0468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jewelers Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1551.00

Date of Receipt

07 / 13 / 2012

**Transaction ID : A637F2F183CD64D0AB9F**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Mr. David N. Cote Esq., AIC**

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

Corporate Secretary, NE Division Manag

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 05 / 2012

**Transaction ID : A016C3C96351846B1A53**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Tom Danielson**

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mound Prairie Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 03 / 2012

**Transaction ID : A7F507C12E28B4BF483F**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert Detlefsen PhD**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 13 / 2012

**Transaction ID : A8B24815E6E4E4B2E826**

Amount of Each Receipt this Period

43.48

Full Name (Last, First, Middle Initial)

**B. Mr. Robert Detlefsen PhD**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : A2AD21500F28F4360A27**

Amount of Each Receipt this Period

43.48

Full Name (Last, First, Middle Initial)

**C. Mr. Charles W. Drier**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 05 / 2012

**Transaction ID : AA4A0CEFD4A7A4F19BA4**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

161.96

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Gregg A. Dykstra J.D.**

Mailing Address 3601 Vincennes Rd

City  
Indianapolis

State Zip Code  
IN 46268-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.24

Date of Receipt

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : AC90A9F5EA84946C7AF6**

Amount of Each Receipt this Period

96.16

Full Name (Last, First, Middle Initial)

**B. Mr. Gregg A. Dykstra J.D.**

Mailing Address 3601 Vincennes Rd

City  
Indianapolis

State Zip Code  
IN 46268-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.40

Date of Receipt

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : A06BEECBC21C843BB8FC**

Amount of Each Receipt this Period

96.16

Full Name (Last, First, Middle Initial)

**c. Mr. Fred A. Edmond CPCU, CIC**

Mailing Address One Mutual Avenue

City  
Frankenmuth

State Zip Code  
MI 48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : A18B093AAC21B4CDB9F5**

Amount of Each Receipt this Period

38.47

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.79

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Fred A. Edmond CPCU, CIC**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 20 / 2012

Transaction ID : ACD6D22972019460E911

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**B. Mr. Andrew M. Eriksen**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Manager-Project Research & Coordinatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 05 / 2012

Transaction ID : A25980DE6F6F34F98972

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mr. Stephen F. Fabian**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Assistant Vice President - Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

07 / 06 / 2012

Transaction ID : A0F93F1D642BF449682A

Amount of Each Receipt this Period

111.11

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.58

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Bernard Fechtel**

Mailing Address PO Box 618

City State Zip Code  
Columbia MO 65205-0618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbia Mutual Insurance Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : AAE59D40B382B44AA985**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Gayle Fisher**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Assistant Vice President-Life Operatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

MM / DD / YYYY  
07 / 05 / 2012

**Transaction ID : AFA3F636C4AB8495D9F9**

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

**C. Mr. Patrick J. Flanagan**

Mailing Address 1 Preferred Way

City State Zip Code  
New Berlin NY 13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preferred Mutual Insurance Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 26 / 2012

**Transaction ID : A0F0C4D9910984421BDB**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

805.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Nancy Forsyth**

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mound Prairie Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : A82C2EB7F03C64984923**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Matt Gannon**

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Assistant Vice President Federal Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY  
07 / 13 / 2012

**Transaction ID : A308C9B09765B45D0992**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mr. Matt Gannon**

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Assistant Vice President Federal Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : A15B80B73DCEA441FA7C**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Henry R. Gibbel**

Mailing Address PO Box 900

City

Lititz

State

PA

Zip Code

17543-7007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lititz Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : A327B26A72B38418FB82**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. Bryan Gilleland**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : A78EC9AAA47CF437D9C1**

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**C. Mr. Bryan Gilleland**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : A47C27D252B614DB8BFC**

Amount of Each Receipt this Period

38.47

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

126.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jimi Grande**

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President-Federal and Poli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1243.55

Date of Receipt

07 / 13 / 2012

**Transaction ID : A0346E3511F09414F91B**

Amount of Each Receipt this Period

113.05

Full Name (Last, First, Middle Initial)

**B. Mr. Jimi Grande**

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President-Federal and Poli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1356.60

Date of Receipt

07 / 27 / 2012

**Transaction ID : A305C024EB778405798A**

Amount of Each Receipt this Period

113.05

Full Name (Last, First, Middle Initial)

**C. Mr. Jeffrey Greenwald**

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 16 / 2012

**Transaction ID : AB20A8B2D62E8440D93A**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

726.10

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jonathan C. Grether CPCU**

Mailing Address PO Box 370

City

Algona

State

IA

Zip Code

50511-0370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pharmacists Mutual Insurance Company

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

07 / 06 / 2012

**Transaction ID : A881A114CD4114130BB5**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. Ms. Patricia Gruntzel**

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mound Prairie Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 03 / 2012

**Transaction ID : AD00B0D27ED3548C5A14**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. William Gusenius**

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 16 / 2012

**Transaction ID : AC5F2F973FA0D47A2BE6**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

580.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. F. Timothy Hegarty Jr., CPCU**

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 06 / 2012

**Transaction ID : A5AA8E973088A4F14920**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. F. Timothy Hegarty Jr., CPCU**

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 11 / 2012

**Transaction ID : AD027748BB15E44818F5**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Mr. F. Timothy Hegarty Jr., CPCU**

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

07 / 25 / 2012

**Transaction ID : A8662C5AB5D854570BF2**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Brenda G. Hennenfent**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 05 / 2012

**Transaction ID : AC9C9FC2A714040AF8E6**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Mr. John T. Hill II, CPA**

Mailing Address 1 Park Ave

City

New York

State

NY

Zip Code

10016-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Magna Carta Companies

Occupation

President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

07 / 31 / 2012

**Transaction ID : AD03AD0738747469B939**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Laura Hinson**

Mailing Address 4405 Amherst Ave

City

Dallas

State

TX

Zip Code

75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 16 / 2012

**Transaction ID : A2ECBD1CA26604CCEA89**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2780.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David F. Honold**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1077.02

Date of Receipt

07 / 06 / 2012

**Transaction ID : A1290FDC0C53341D694E**

Amount of Each Receipt this Period

76.93

Full Name (Last, First, Middle Initial)

**B. Mr. David F. Honold**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.95

Date of Receipt

07 / 20 / 2012

**Transaction ID : A9920CB35E7664EFFBEE**

Amount of Each Receipt this Period

76.93

Full Name (Last, First, Middle Initial)

**C. Mr. Timothy R. Hyle CPA**

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Corporate Controller

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

07 / 03 / 2012

**Transaction ID : A83735D87F095402CB13**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

203.86

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Theresa Jakubick**

Mailing Address PO Box 111

City State Zip Code  
 Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ohio Mutual Insurance Company

Occupation  
 Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2012

**Transaction ID : A53D68FF7138E425D95A**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Ms. Theresa Jakubick**

Mailing Address PO Box 111

City State Zip Code  
 Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ohio Mutual Insurance Company

Occupation  
 Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : AB0744F7AF5C945A6AD1**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mr. Drew A. Klasing**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Auto-Owners Insurance Company

Occupation  
 Manager, Home Office Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 05 / 2012

**Transaction ID : A7B5DEB3E48C8401BA0E**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kraig T. Klopfenstein**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Auto-Owners Insurance Company

Occupation  
 Sales/Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY  
 07 / 05 / 2012

**Transaction ID : AB40378F1A2074251BB0**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Mr. Leroy Kohlmeier**

Mailing Address PO Box 708

City State Zip Code  
 Houston MN 55943-0708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Mound Prairie Mutual Insurance Company

Occupation  
 Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 07 / 03 / 2012

**Transaction ID : A8A2AA1FB3B9E4A038FA**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jeffrey Lopata**

Mailing Address 1 Preferred Way

City State Zip Code  
 New Berlin NY 13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Preferred Mutual Insurance Company

Occupation  
 Manager - Commercial Lines E-Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
 07 / 03 / 2012

**Transaction ID : A5BEC76641BC349DEBAF**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Tim Lynch**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 05 / 2012

**Transaction ID : A8E0EB649289E4154A29**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Ms. Teresa Maledy**

Mailing Address c/o Commerce Bank  
PO Box 1677

City

Columbia

State

MO

Zip Code

65205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : A881E490F90264CFF999**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Rae Malesh**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : AADFAA685A4D8419897B**

Amount of Each Receipt this Period

13.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

293.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Diane Marshall**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY  
07 / 05 / 2012

**Transaction ID : AF280F2DE68804986A1D**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Joel Matthies**

Mailing Address PO Box 468

City

Neenah

State

WI

Zip Code

54957-0468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jewelers Mutual Insurance Company

Occupation

Vice President - Information Technolog

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : ADF44A83BDE0F42B2946**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Mr. Phil McCain**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

MM / DD / YYYY  
07 / 06 / 2012

**Transaction ID : A76470BBDF1C49729CC**

Amount of Each Receipt this Period

38.47

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

183.47

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Phil McCain**

Mailing Address One Mutual Avenue

City	State	Zip Code
Frankenmuth	MI	48787-0001

FEC ID number of contributing federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	0		2	0	1	2		

Transaction ID : A9D422DFE9D024B818F5

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**B. Ms. Sherry L. McKenzie AAM, AIS**

Mailing Address PO Box 30660

City	State	Zip Code
Lansing	MI	48909-8160

FEC ID number of contributing federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Assistant Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	5		2	0	1	2		

Transaction ID : AE7A9FF72545F4EB990D

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Mr. Brian S. McLeod**

Mailing Address One Mutual Avenue

City	State	Zip Code
Frankenmuth	MI	48787-0001

FEC ID number of contributing federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	6		2	0	1	2		

Transaction ID : A386C68315D0A4F97853

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)..... ►

116.94

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Brian S. McLeod**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 20 / 2012

**Transaction ID : AFB020D0F630E423BAE8**

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**B. Mr. Scott A. Michael**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

AVP - Personal Lines Auto

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 05 / 2012

**Transaction ID : ADF2401EEDE35480ABE0**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Mr. David Middleton**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

07 / 13 / 2012

**Transaction ID : AA90F9896C58D4B07A32**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

108.47

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Middleton**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Finance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2012

Transaction ID : AEE865F35C9B9492BB4D

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Mr. John C. Mitchell**

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2012

Transaction ID : A86815D39E1194C05A0E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Dona L. Mohr**

Mailing Address 1725 Hopley Ave

City

Bucyrus

State

OH

Zip Code

44820-3569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Assistant Vice President-Quality Servi

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2012

Transaction ID : A694CD8638F2149D6957

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

580.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 65  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Dona L. Mohr**

Mailing Address 1725 Hopley Ave

City State Zip Code  
Bucyrus OH 44820-3569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Mutual Insurance Company

Occupation  
Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 23 2012

**Transaction ID : AD7B02E0D84FA45F188E**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Ms. Carolyn B. Muller**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
AVP-Regional Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 05 2012

**Transaction ID : ABA3030D7CA104F1832**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. Mr. Gary D. Myers**

Mailing Address 214 McElwain Dr

City State Zip Code  
Cameron MO 64429-1321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cameron Mutual Insurance Company

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 13 2012

**Transaction ID : AF7878F01236E49E0A40**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

320.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 65  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Karlyn T. Myers**

Mailing Address 1 Preferred Way

City State Zip Code  
 New Berlin NY 13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preferred Mutual Insurance Company

Occupation  
Vice President, Corporate Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 03 2012

**Transaction ID : A7D097FFDC03248E0B3F**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. Mr. Brent Nelson**

Mailing Address 3030 N 3rd St

City State Zip Code  
 Phoenix AZ 85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCF Arizona

Occupation  
Chief Financial Officer (CFO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 03 2012

**Transaction ID : A2C42C0BC2C4C4FD598C**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Eric Nelson**

Mailing Address 1460 Wells St

City State Zip Code  
 Enumclaw WA 98022-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual of Enumclaw Insurance Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 16 2012

**Transaction ID : ADEF676BA775B425DA69**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

580.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Katherine Noirot**

Mailing Address PO Box 30660

City	State	Zip Code
Lansing	MI	48909-8160

FEC ID number of contributing federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Senior Vice President, Marketing & Sal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	1	2

Transaction ID : AF695C4EFED684521A13

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Mr. Randy O'Conner**

Mailing Address 1725 Hopley Ave

City	State	Zip Code
Bucyrus	OH	44820-3569

FEC ID number of contributing federal political committee.

C

Name of Employer  
Ohio Mutual Insurance Company

Occupation  
Executive Vice President-Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	2

Transaction ID : A9990F0A27D4647E1A50

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Mr. Randy O'Conner**

Mailing Address 1725 Hopley Ave

City	State	Zip Code
Bucyrus	OH	44820-3569

FEC ID number of contributing federal political committee.

C

Name of Employer  
Ohio Mutual Insurance Company

Occupation  
Executive Vice President-Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	2

Transaction ID : AB7BDAA007BA4405E8A8

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ▶

241.67

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert F. Ohler**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

07 / 06 / 2012

**Transaction ID : A047EAA7FA4D840D3A5C**

Amount of Each Receipt this Period

111.11

Full Name (Last, First, Middle Initial)

**B. Mr. Robert F. Ohler**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.33

Date of Receipt

07 / 11 / 2012

**Transaction ID : A5259D2769AB14681814**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mr. Robert O'Reilly**

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

VP/Branch Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 16 / 2012

**Transaction ID : AE53D3CDDD6C749F2A51**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

461.11

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Angela Panowicz**

Mailing Address 200 N Main St

City  
Bel Air

State Zip Code  
MD 21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harford Mutual Insurance Company

Occupation  
Underwriting Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.15

Date of Receipt

07 / 06 / 2012

**Transaction ID : AF2D2B36BF7B34A0FA54**

Amount of Each Receipt this Period

38.09

Full Name (Last, First, Middle Initial)

**B. Mr. Barry Preslaski**

Mailing Address PO Box 30660

City  
Lansing

State Zip Code  
MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 05 / 2012

**Transaction ID : AFDC4E3B3C94B4FFB855**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Puerer**

Mailing Address 404 E Woodlawn Ave

City  
Hastings

State Zip Code  
MI 49058-1091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hastings Mutual Insurance Company

Occupation  
Vice President-General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

07 / 11 / 2012

**Transaction ID : A815869E025284A40BDF**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

168.09

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. C. Richard Pumphrey**

Mailing Address 1 Commerce Sq

City State Zip Code  
Philadelphia PA 19103-7042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens Mutual Insuran

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

07 / 23 / 2012

**Transaction ID : AE4D2EAC05DA8488FA2B**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. Lee Rademacher**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Assistant Vice President-Commercial Li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 05 / 2012

**Transaction ID : A1548EB268D654767A02**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Mr. David Reddick PhD**

Mailing Address 3601 Vincennes Rd

City State Zip Code  
Indianapolis IN 46268-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Director - Public Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 13 / 2012

**Transaction ID : A49BF0EB9A80C407588F**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Reddick PhD**

Mailing Address 3601 Vincennes Rd

City  
Indianapolis

State  
IN

Zip Code  
46268-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Director - Public Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 27 / 2012

**Transaction ID : A1499F85FF6944FA3BA0**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jonathan R. Riekse**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President, Personal Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

07 / 05 / 2012

**Transaction ID : A00941A1326C14B97987**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**c. Mr. L. Gerald Roach CPCU, FLMI**

Mailing Address PO Box 6927

City  
Richmond

State  
VA

Zip Code  
23230-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mutual Assurance Society of Virginia

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1740.00

Date of Receipt

07 / 03 / 2012

**Transaction ID : AFB230E65CD9048CA8EE**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Mary Rowlinson**

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Ohio Insurance Company

Occupation

Claims Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 03 / 2012

**Transaction ID : AE3AFFD67C9E8428F9D8**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Ms. Mary Rowlinson**

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Ohio Insurance Company

Occupation

Claims Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

07 / 23 / 2012

**Transaction ID : A48A4BE6150714D7A99F**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Mr. Ronald Scheck**

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mound Prairie Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 03 / 2012

**Transaction ID : A01F2229572AC4AB0A1D**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

300.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kenneth Schroeder**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Auto-Owners Insurance Company

Occupation  
 Senior Vice President, Commercial Unde

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY  
 07 / 05 / 2012

**Transaction ID : A7349DEEC74BE4895BAA**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Mr. James C. Schumacher**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Auto-Owners Insurance Company

Occupation  
 Director - Agency Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY  
 07 / 05 / 2012

**Transaction ID : ADE127FFFD1384BE2A2A**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Ms. Betty Schuster**

Mailing Address PO Box 618

City State Zip Code  
 Columbia MO 65205-0618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Columbia Mutual Insurance Company

Occupation  
 Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 07 / 16 / 2012

**Transaction ID : A8D7D9E5B53FE48D08E2**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

320.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Phyllis Senseman LUTCF**

Mailing Address 3030 N 3rd St

City  
Phoenix

State  
AZ

Zip Code  
85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCF Arizona

Occupation

Vice President Marketing and Communica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 11 / 2012

**Transaction ID : A891494FD40A14114A88**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Gregory Shell**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

07 / 05 / 2012

**Transaction ID : A89A87F1AB04E41F8893**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Ms. Kristen Sizelove**

Mailing Address PO Box 68700

City  
Indianapolis

State  
IN

Zip Code  
46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Member Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 13 / 2012

**Transaction ID : A2E000DCC499A48DEB5D**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

555.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kristen Sizelove**

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 National Association of Mutual Insuran Vice President - Member Development

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : A71E09407C1944CE2AC7**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. John K. Smith CRM, CIC,**

Mailing Address 1 Commerce Sq

City State Zip Code  
 Philadelphia PA 19103-7042

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Pennsylvania Lumbermens Mutual Insuran President & CEO

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 894.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : A2FF7112B7BAE4F108A8**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. Ms. Irica Solomon**

Mailing Address 122 C St NW Ste 540

City State Zip Code  
 Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 National Association of Mutual Insuran Political Director

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 478.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2012

**Transaction ID : A5280FE94223443E59A6**

Amount of Each Receipt this Period

43.48

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

183.48

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Irica Solomon**

Mailing Address 122 C St NW Ste 540

City  
Washington

State Zip Code  
DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Political Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.76

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : AC7C0498C661E4C8894B**

Amount of Each Receipt this Period

43.48

Full Name (Last, First, Middle Initial)

**B. Mr. Steven C. Speicher**

Mailing Address PO Box 30660

City  
Lansing

State Zip Code  
MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Regional Vice President - Forest Regio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 05 / 2012

**Transaction ID : A73624A5792EE4FC6939**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Mr. Douglas E. Steele**

Mailing Address 1115 Weed Ln

City  
Vincennes

State Zip Code  
IN 47591-5066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmers Home Insurance Company of Knox

Occupation  
Secretary/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 10 / 2012

**Transaction ID : A404E5C7613A243D7911**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1073.48

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Tim F. Sullivan RPLU**

Mailing Address PO Box 68700

City  
Indianapolis

State  
IN

Zip Code  
46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC Insurance Company, Inc.

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

07 / 13 / 2012

**Transaction ID : A830F008DDCA4133AB1**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Mr. Tim F. Sullivan RPLU**

Mailing Address PO Box 68700

City  
Indianapolis

State  
IN

Zip Code  
46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC Insurance Company, Inc.

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 27 / 2012

**Transaction ID : AC11FD7E57B4D42BC8A4**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jeffrey Tagsold**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

07 / 05 / 2012

**Transaction ID : A05D3007C0B104E44A9E**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Paul Tetrault**

Mailing Address PO Box 68700

City  
Indianapolis

State Zip Code  
IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 13 / 2012

**Transaction ID : A58A9DFF79162472EB51**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. Paul Tetrault**

Mailing Address PO Box 68700

City  
Indianapolis

State Zip Code  
IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 27 / 2012

**Transaction ID : AFDE03D1CDF0145DFB24**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mr. Daniel J. Thelen**

Mailing Address PO Box 30660

City  
Lansing

State Zip Code  
MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Senior Vice President of Human Resourc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

07 / 05 / 2012

**Transaction ID : A4F75BAEACCAD4B4288F**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

85.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Joe Thesing**

Mailing Address PO Box 68700

City  
Indianapolis

State  
IN

Zip Code  
46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

07 / 13 / 2012

**Transaction ID : A5237DF9C0A0F413EBED**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Mr. Joe Thesing**

Mailing Address PO Box 68700

City  
Indianapolis

State  
IN

Zip Code  
46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 27 / 2012

**Transaction ID : AF5A4AF4144A14BA8AB1**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Mr. Bruce D. Thomas PFMM**

Mailing Address PO Box 594

City  
Algona

State  
IA

Zip Code  
50511-0594

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heartland Mutual Insurance Association

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 19 / 2012

**Transaction ID : A4D00C4073D1E4DCF916**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

180.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Gary W. Thompson CPCU, CIC**

Mailing Address PO Box 618

City State Zip Code  
 Columbia MO 65205-0618

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Columbia Mutual Insurance Company

Occupation  
 President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 16 2012

Transaction ID : A7F4A35D3E0D2426490C

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Randall Trinklein**

Mailing Address One Mutual Avenue

City State Zip Code  
 Frankenmuth MI 48787-0001

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Frankenmuth Mutual Insurance Company

Occupation  
 Vice President of Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 06 2012

Transaction ID : AFA9453D3667F4D48879

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**C. Mr. Randall Trinklein**

Mailing Address One Mutual Avenue

City State Zip Code  
 Frankenmuth MI 48787-0001

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Frankenmuth Mutual Insurance Company

Occupation  
 Vice President of Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 20 2012

Transaction ID : A0C1DB1894C9640FABEF

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)..... ►

1578.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mrs. Ellen S. Truant**

Mailing Address 200 N Main St

City  
Bel Air

State  
MD

Zip Code  
21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.83

Date of Receipt

07 / 06 / 2012

**Transaction ID : A8E5C4643F0C54DEDA9E**

Amount of Each Receipt this Period

43.65

Full Name (Last, First, Middle Initial)

**B. Mr. Aaron J. Valentine**

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Senior Vice President, Treasurer & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 03 / 2012

**Transaction ID : A87FED32EE1434621999**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Mr. Robert J. Wagner**

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 31 / 2012

**Transaction ID : A774C126B226A4D48965**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1103.65

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James J. Walsh Jr.**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Vice President-Claims

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 05 / 2012

**Transaction ID : A13E6C0707BB64E78843**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. Ian R. Ward**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President, Investments and

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 05 / 2012

**Transaction ID : AD7BAD02CB90743A984A**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Wenger**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Actuary

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

07 / 05 / 2012

**Transaction ID : AD8B0E4983E694C709FC**

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

174.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James W. Wilds CPCU, ARM,**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

07 / 06 / 2012

**Transaction ID : A358D798E9DEF42A9B48**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. Mr. James W. Wilds CPCU, ARM,**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

07 / 06 / 2012

**Transaction ID : A928AB76AC27D4473B1B**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Mr. James W. Wilds CPCU, ARM,**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

07 / 20 / 2012

**Transaction ID : A199C457FE30645B0A05**

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 54 OF 65  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. William Woodbury**

Mailing Address 6101 Anacapri Blvd

City State Zip Code  
 Lansing MI 48917-3968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Auto-Owners Insurance Company

Occupation  
 SVP, Assoc. Secretary & Assoc. General

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

MM / DD / YYYY  
 07 / 05 / 2012

**Transaction ID : A22E2E823194D435B876**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jeffrey S. Wrobel SR, CPCU,**

Mailing Address PO Box 6927

City State Zip Code  
 Richmond VA 23230-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Mutual Assurance Society of Virginia

Occupation  
 EVP, IT & Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

MM / DD / YYYY  
 07 / 03 / 2012

**Transaction ID : A3CA2591DF66C4CC69DE**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jerry G. Zenke PFMM**

Mailing Address PO Box 708

City State Zip Code  
 Houston MN 55943-0708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Mound Prairie Mutual Insurance Company

Occupation  
 General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

MM / DD / YYYY  
 07 / 19 / 2012

**Transaction ID : A1467E13F661B45D5AA6**

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

292.33

**TOTAL** This Period (last page this line number only)..... ►

20171.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. Cuna Mutual Holding Company Political Action Committee (CUNA MUTUAL PAC)**

Mailing Address 5910 Mineral Point Rd, PO Box 747

Mail Stop 5910 4 A2

City State Zip Code  
Madison WI 53701

FEC ID number of contributing  
federal political committee.

**C** C00402107

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**07 / 16 / 2012**

**Transaction ID : A254BB149546C4D90823**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Farmers Mutual Hail Ins Co of Iowa Political Action Committee (FMH PAC)**

Mailing Address 6785 Westown Parkway

City State Zip Code  
West Des Moines IA 50266

FEC ID number of contributing  
federal political committee.

**C** C00117614

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**07 / 13 / 2012**

**Transaction ID : A8A30CDFCCF5246DCBEE**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

## **C. Nationwide Mutual Insurance Company Political Action Committee**

Mailing Address One Nationwide Plaza

1-32-301

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing  
federal political committee.

**C** C00076174

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

**07 / 23 / 2012**

**Transaction ID : AA0A3D16BA6474F9CB01**

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. Shelter Mutual Insurance Company Federal PAC**

Mailing Address 1817 West Broadway

City State Zip Code  
Columbia MO 65218

FEC ID number of contributing  
federal political committee.

**C** C00140384

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

**07** / **16** / **2012**

**Transaction ID : ABB0F949DDDB848B6B9C**

Amount of Each Receipt this Period

4000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4000.00

7750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. NAMIC Administrative Fund**

Mailing Address 3601 Vincennes Road

City State Zip Code  
 Indianapolis IN 46268

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 19 2012

**Transaction ID : A5C0B1C249CC2429698C**

Amount of Each Receipt this Period

97.72

Reimb. of bank fees

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

97.72

97.72

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Chase Bank**

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 02 2012

Transaction ID : BBDF40573194742D08DE

Amount of Each Disbursement this Period

111.29

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

111.29

111.29

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 65

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Continuing a Majority Party Action Committee (CAMPAC)**Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
VOID - 2012 Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2012

**Transaction ID : B20E477BFA69B48A9902**

Amount of Each Disbursement this Period

-2500.00
----------

Full Name (Last, First, Middle Initial)

**B. Dave Camp for Congress**Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Dave Camp**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2012

**Transaction ID : B18FAD54A793248B7974**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. GEORGE ALLEN FOR US SENATE**Mailing Address 2819 NORTH PARHAM ROAD  
SUITE 210

City RICHMOND State VA Zip Code 23294

Purpose of Disbursement  
VOID - Primary 2012 Contribution

Candidate Name

**George Allen**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2012

**Transaction ID : B0DD95065EDB14C69A2A**

Amount of Each Disbursement this Period

-5000.00
----------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-5000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Hawkeye Pac,**

Mailing Address PO Box 192

City	State	Zip Code
Des Moines	IA	50301

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2012

**Transaction ID : B9F47601054E2473181C**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. John Campbell for Congress**Mailing Address 7700 Irvine Center Drive  
Suite 800

City	State	Zip Code
Irvine	CA	92618

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. John Campbell**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 48

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2012

**Transaction ID : BC82977F3C35E4D01BD6**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Latourette for Congress**

Mailing Address 320 Kenarden Dr.

City	State	Zip Code
Highland Hts.	OH	44143

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Rep. Steven C. Latourette**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OH District: 14

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2012

**Transaction ID : B3A5465F1EF1340BE9D2**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mike Rogers for Congress**

Mailing Address PO Box 581

City	State	Zip Code
Brighton	MI	48116

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

**Rep. Mike Rogers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2012

**Transaction ID : BA41134BF7D894243A62**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Montanans for Tester**

Mailing Address PO Box 3171

City	State	Zip Code
Billings	MT	59103

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Sen. Jon Tester**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2012

**Transaction ID : B6FD4C44783B3490E8DD**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Roskam for Congress**

Mailing Address PO Box 713

City	State	Zip Code
Wheaton	IL	60187

Purpose of Disbursement  
VOID - 2012 Primary

Candidate Name

**Rep. Peter J. Roskam**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2012

**Transaction ID : B2DAE1D54487E4AC9983**

Amount of Each Disbursement this Period

-1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 65

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. TOMMY THOMPSON FOR SENATE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2012

Mailing Address PO BOX 2539

City	State	Zip Code
MADISON	WI	53701

Purpose of Disbursement  
Primary 2012 Contribution

Candidate Name

**Tommy G Thompson**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Category/  
Type**Transaction ID : B7E07D53A53964237BC0**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. WALORSKI FOR CONGRESS INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2012

Mailing Address PO BOX 954

City	State	Zip Code
MISHAWAKA	IN	46546

Purpose of Disbursement  
General 2012 Contribution

Candidate Name

**Jackie Swihart Walorski**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 02

Category/  
Type**Transaction ID : BA368421E7CB24C75983**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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5500.00
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	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

National Association of Mutual Insurance Companies PAC

200.00

200.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Campaign Fund of Robert R. Damron**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2012

Mailing Address 231 Fairway West

City	State	Zip Code
Nicholasville	KY	40356

**Transaction ID : B37B102B5A2DA4F1E985**Purpose of Disbursement  
General 2012 Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Campaign Fund to Re-elect State Representative Steve Riggs**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2012

Mailing Address PO Box 24586

City	State	Zip Code
Louisville	KY	40224

**Transaction ID : B505E63E910994C1C951**Purpose of Disbursement  
General 2012 Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Edward Lindsey for State House**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2012

Mailing Address 1150 Angelo Court

City	State	Zip Code
Atlanta	GA	30319

**Transaction ID : BF824474D010B472FA24**Purpose of Disbursement  
Primary 2012 Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 65

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Elect Bob Hackett for State Representative**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2012

Mailing Address 2050 Palouse Drive

**Transaction ID : BFA05122F8E6340F6904**

City	State	Zip Code
London	OH	43140

Amount of Each Disbursement this Period

Purpose of Disbursement  
General 2012 Contribution
  
Category/  
Type

500.00
--------

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Keep State Representative Jeff Greer**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2012

Mailing Address PO Box 1007

**Transaction ID : BBEF203C89C6A4FD5B1F**

City	State	Zip Code
Bradenburg	KY	40108

Amount of Each Disbursement this Period

Purpose of Disbursement  
General 2012 Contribution
  
Category/  
Type

500.00
--------

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

Amount of Each Disbursement this Period

City	State	Zip Code
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Purpose of Disbursement

  
Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

1000.00
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**TOTAL** This Period (last page this line number only).....▶

2500.00
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